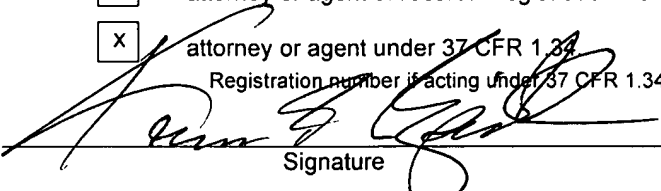


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|   |   |  |                                    |
|---|---|--|------------------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |   | Docket Number (Optional)<br>449122004000   |                                    |
| Application Number<br>09/820,789  |   | Filed<br>March 30, 2001  |                                    |
| For <b>METHOD FOR PROTECTION OF CONTACTLESS SIGNAL TRANSMISSION FROM A TRANSMITTER TO A RECEIVER, AND A SIGNAL TRANSMISSION DEVICE</b>  |   |  |                                    |
| Art Unit<br>2637  |   | Examiner<br>Y. T. Tse  |                                    |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |   |  |                                    |
|   |   | <u>Fee</u>   | <u>Small Entity Fee</u>            |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))   | \$120  | \$ 120.00                          |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))  | \$450  | \$                                 |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))  | \$1020   | \$                                 |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))   | \$1590   | \$                                 |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))   | \$2160   | \$                                 |
| <input type="checkbox"/>  | Applicant claims small entity status. See 37 CFR 1.27.  |  |                                    |
| <input type="checkbox"/>  | A check in the amount of the fee is enclosed.   |  |                                    |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.  |  |                                    |
| <input checked="" type="checkbox"/>   | The Director has already been authorized to charge fees in this application to a Deposit Account.   |  |                                    |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> . I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. |  |                                    |
| I am the  | <input type="checkbox"/>  | applicant/inventor.  |                                    |
|   | <input type="checkbox"/>  | assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |                                    |
|   | <input type="checkbox"/>  | attorney or agent of record. Registration Number _____   |                                    |
|   | <input checked="" type="checkbox"/>   | attorney or agent under 37 CFR 1.34<br>Registration number if acting under 37 CFR 1.34 <u>43,148</u>                         |                                    |
|   | Signature<br>  |  | Date<br><u>May 17, 2006</u>        |
|   | Kevin R. Spivak<br>Typed or printed name  |  | (703) 760-7762<br>Telephone Number |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |   |  |                                    |
| <input type="checkbox"/>  | Total of <u>1</u> forms are submitted.  |  |                                    |